

## **APPENDIX H**

### **TECHNICAL DESCRIPTION OF THE 1999 TRICARE CONSUMER REPORTS**



## **1999 TRICARE CONSUMER REPORTS**

### **1. Purpose**

The purpose of the TRICARE consumer reports is to provide Lead Agents and MTF commanders with a comprehensive description of TRICARE beneficiaries' satisfaction with care, access to care, and use of preventive care, in comparison with other regions and catchment areas, and with relevant civilian benchmarks. The report provides an easy-to-understand snapshot of various aspects of the quality of care in the MHS. Users will be able to easily “drill down” to follow the performance of providers over time and among different enrollment and beneficiary groups.

### **2. Content**

The report will include the following eleven categories of rating information on the MHS, regions, and catchment areas: getting needed care, getting care quickly, courteous and helpful office staff, how well doctors communicate, customer service, claims processing, rating of the health plan, health care, personal doctor, and specialist, and preventive care standards. These categories were chosen from the 1999 survey items and are calculated as ratings, composite scores, and proportions. Described below, these categories are also summarized in Table H.1.

#### **a. CAHPS Composites**

The first six categories—getting needed care, getting care quickly, courteous and helpful office staff, how well doctors communicate, customer service, and claims processing are CAHPS composites, which provide a general indication of how well MHS meets beneficiaries' expectations. The composites are used to compare care in the MHS with care received by the non-MHS population.

TABLE H.1  
CONTENT OF THE 1999 TRICARE CONSUMER REPORTS

CAHPS COMPOSITES
Scores in this category will profile tricare beneficiaries' satisfaction with different aspects of care, using composites that group together their responses to related questions taken from the cahps. Composites concern patients' satisfaction with their ability to get needed care, the speed with which they receive care, interactions with their doctor, their experience with doctors' office staffs, customer service representatives, and their experience with claims processing. Scores are presented in relation to national ncqa benchmarks.
SATISFACTION RATINGS
Scores in this category reflect beneficiaries' self-rated satisfaction with their health plan, health care, and physicians. Scores are adjusted for patient age and health status, and are compared with national benchmarks.
TMA STANDARD COMPOSITES
Only one score in this category is reported, based on Healthy People 2000 standards for the provision of preventive care. Preventive care indicators to be combined are prenatal care, hypertension screening, flu immunization, mammography, and Pap smears.

Table H.2 lists the questions and response choices for the CAHPS composites appearing in the consumer reports. Response choices for each question within a composite are collapsed into three item scales so that all composites have the same range. Mean responses to each question will be presented, as well as composites, and compared to national civilian benchmarks.

TABLE H.2

CAHPS 2.0 H COMPOSITE AND RATING QUESTIONS AND  
RESPONSE CHOICES

GETTING NEEDED CARE		RESPONSE CHOICE
Q23	With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?	A big problem A small problem Not a problem
Q27	In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?	A big problem A small problem Not a problem
Q47	In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?	A big problem A small problem Not a problem
Q48	In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?	A big problem A small problem Not a problem
GETTING CARE QUICKLY		
Q33	In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?	Never Sometimes Usually Always
Q43*	In the last 12 months, when you needed an appointment for a routine visit, for health problems that were not urgent, how often did you have to wait more than 7 days?	Never Sometimes Usually Always
Q44*	In the last 12 months, when you needed urgent care for an acute (serious) illness or injury, such as a broken arm or shortness of breath, how often did you get care within 24 hours?	Never Sometimes Usually Always
Q46*	In the last 12 months, how often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time to see the person you went to see?	Never Sometimes Usually Always

TABLE I.2 (continued)

<b>HOW WELL DOCTORS COMMUNICATE</b>		<b>RESPONSE CHOICE</b>
Q51	In the last 12 months, how often did doctors or other health providers listen carefully to you?	NEVER Sometimes USUALLY ALWAYS
Q52	In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?	Never Sometimes USUALLY ALWAYS
Q53	In the last 12 months, how often did doctors or other health providers show respect for what you had to say?	Never Sometimes USUALLY ALWAYS
Q54	In the last 12 months, how often did doctors or other health providers spend enough time with you?	Never Sometimes USUALLY ALWAYS
<b>COURTEOUS AND HELPFUL OFFICE STAFF</b>		
Q49	In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?	Never Sometimes USUALLY ALWAYS
Q50	In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?	Never Sometimes USUALLY ALWAYS
<b>CUSTOMER SERVICE</b>		
Q63	In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?	A big problem A small problem NOT A PROBLEM
Q65	In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?	A big problem A small problem Not a problem
Q67	In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?	A big problem A small problem Not a problem

TABLE I.2 (continued)

<b>CLAIMS PROCESSING</b>		<b>Response Choice</b>
Q58	In the last 12 months, how often did your health plan handle your claims in a reasonable time?	Never Sometimes Usually Always Don't Know
Q59	In the last 12 months, how often did your health plan handle your claims correctly?	Never Sometimes Usually Always Don't Know
<b>RATING OF ALL HEALTH CARE</b>		
Q55	We want to know your rating of all your health care in the last 12 months from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care.	0 Worst health care possible 1 2 3 4 5 6 7 8 9 10 Best health care possible
<b>RATING OF HEALTH PLAN</b>		
Q71	We want to know your rating of all your experience with your health plan. Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?	0 Worst health plan possible 1 2 3 4 5 6 7 8 9 10 Best health plan possible

TABLE I.2 (continued)

RATING OF PERSONAL DOCTOR		RESPONSE CHOICE
Q25	We want to know your rating of your personal doctor or nurse. Use any number from 0 to 10 where 0 is the worst possible doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?	0 Worst personal doctor or nurse possible 1 2 3 4 5 6 7 8 9 10 Best personal doctor or nurse possible

RATING OF SPECIALIST		RESPONSE CHOICE
Q30	We want to know your rating of the specialist you saw most often in the last 12 months, including a personal doctor, if he or she was a specialist. Use any number from 0 to 10 where 0 is the worst possible specialist possible, and 10 is the best specialist possible. How would you rate your specialist?	0 Worst specialist possible 1 2 3 4 5 6 7 8 9 10 Best specialist possible

\*-HCSDB question differs from CAHPS question.

The composite score is presented as the mean response score for each question in the composite. Scores are calculated using NCQA standard methodology as specified in *HEDIS 2000; Specifications for Survey Measures*. Composite scores are calculated by calculating mean responses for each question at the regional or MTF level, summing the means for each question



in the composite, and then dividing by the number of questions. Results are presented on a scale of 0 to 100.

**b. Ratings**

The four ratings categories, rating of health plan, rating of health care, rating of PCM, and rating of specialist, are measures of overall beneficiary satisfaction. Questions in these categories ask beneficiaries to rate their health plan, health care, and physicians on a scale of 0 to 10, with 0 being the worst and 10 being the best. As in the composite calculations, only respondents with a final disposition of “complete” are included in the final analysis. The rating score will be the mean. For the purpose of presentation, the mean will be multiplied by 100 so that the score will be presented on a scale of 0 to 100.

**c Preventive Care Composite**

One additional composite in the report cards will measure MHS performance in terms of meeting TMA’s goals for the provision of preventive services. The composite will be calculated by combining the responses to individual questions pertaining to these goals. Questions and responses from the 1999 HCSDB that will be incorporated into the preventive care composite are presented in Table H.3. The denominator of an individual’s composite score will consist of the number of questions to which that individual responds. The numerator will consist of the number of questions for which the response falls into a “desirable” category, where the desirable categories are as indicated. When individual scores are combined, an individual’s composite will be weighted by the number of questions to which they have responded. As a result, the weight a particular question receives in the composite score will be based on the number of responses it receives. A respondent’s weight will reflect the number of questions to which he/she responds. The resulting proportion will be presented as a percentage.

TABLE H.3  
PREVENTIVE CARE COMPOSITE  
QUESTIONS AND RESPONSE CHOICES

COMPOSITE-PREVENTIVE CARE		RESPONSE RATES
Q9	When did you last have a blood pressure reading?	Less than 12 months ago 1 to 2 years ago MORE THAN 2 YEARS AGO
	DO YOU KNOW IF YOUR BLOOD PRESSURE IS TOO HIGH OR NOT?	Yes, it's too high No, it's not too high DON'T KNOW
Q11	When did you last have a flu shot?	Less than 12 months ago 1-2 years ago More than 2 years ago NEVER HAD A FLU SHOT
Q18	When did you last have a Pap smear test?	Within the last 12 months 1 to 3 years ago More than 3 but less than 5 years ago 5 or more years ago NEVER HAD A PAP SMEAR TEST
Q19b	When was the last time your breasts were checked by mammography?	WITHIN THE LAST 12 MONTHS 1 to 2 years ago 2 years to less than 5 years ago 5 or more years ago NEVER HAD A MAMMOGRAM
Q21b	IN WHICH TRIMESTER DID YOU FIRST RECEIVE PRENATAL CARE?	First trimester Second trimester Third trimester

### 3. Format

The consumer reports will be published as an electronic document only, but users will be able to print it from the TMA web site. Each page of the report will be set up as a table. In each table, the rows will be geographic divisions, either regions or catchment areas. All regions will

be shown together in a system table, and all the catchment areas in a given region will be shown together in a table, for that region.

The columns of the tables will be the statistics that are the subject of the consumer reports. One set of tables will contain composites and ratings for the current year. For example, a table in this set would contain all composites and ratings for catchment areas in Region 1. Another set of tables will provide more detailed information on a particular score. For composites, the first set of columns will contain scores for the individual elements making up the composite. An additional set of columns will describe trends in the score. Trend information will be presented for both ratings and composites. A sample report card is found in Table H.4.

Significant differences from the benchmark will be indicated both by color and bolding. Scores significantly above the benchmark will be green and bolded. Scores significantly below the benchmark will be red and italicized.

Users will be able to “enable” items within the report itself by clicking on an element and then viewing a table for related elements. For example, clicking on a given region would bring up a table with information about all catchment areas in that particular region. Likewise, clicking on a column heading would bring up a table with more detailed information for the regions or catchment areas corresponding to the previous table.

The consumer will include a menu of options set apart from each table that will allow users to access other report cards. The options that users can select include “All TRICARE Beneficiaries”, “Enrollment Groups”, and “Beneficiary Groups”. A help screen will also be available from the menu. Figure H.1 shows the menu as it will appear when the report card is first invoked. This menu will always appear next to a report card, and it will always be the same, regardless of which table is being viewed. The help screen will contain hyperlinks to textual descriptions of different report card features.

#### **4. Technical Description**

Data for the consumer reports will be arranged in a SAS data set and will consist of records indexed by region, catchment area, enrollment group, beneficiary category and report card column. A benchmark record corresponding to the MHS population will also be included. Each summary record will contain scores and a categorical variable describing the existence and direction of significant differences. The report card column variable will describe whether it is a specific composite or rating, a past year of the composite, a trend, or a score for an individual element of the composite. The benchmark record will contain national mean values, where available, for a comparable non-MHS population.

This data set file will serve as the basis for the electronic reports and as hard copy for quality assurance. For the 1999 HCSDB, a single file will contain all catchment area, regional, and CONUS MHS values. When quarterly reporting begins, an additional file will be created each quarter and referenced separately by the report card application described above. In the last quarter, a separate annual and quarterly file will be created. Annual and quarterly record layouts will be identical, though the catchment area field will be empty in quarterly records. Only the annual file will contain catchment area statistics.

The electronic report cards will be coded with Hypertext Markup Language (HTML), which is the basis for most web pages. A program will generate information in the form of a dataset corresponding to the cells of the report cards. Another program will use these data to create the electronic report cards in the HTML language. The program will anticipate all possible combinations of report cards and create a single HTML file for each possible report card.

TABLE H.4

## SAMPLE REPORT CARD

All Beneficiaries, 1999											
	Ease of Access		Communication and Customer Service				Ratings of Doctors, Health Plans, and Health Care				Prevention
	Getting Needed Care	Getting Care Quickly	Courteous and Helpful Office Staff	How Well Doctors Communicate	Customer Service	Claims Processing	Health Plan Rating	Health Care Rating	PCM Rating	Specialist Rating	Preventive Care Standards
Benchmark											
CONUS											
Region 1											
Region 2											
Region 3											
Region 4											
Region 5											
Region 6											
Region 7/8											
Region 9											
Region 10											
Region 11											
Region 12											
Alaska											
Europe											
Asia											
Latin America											

## Sample Catchment Area Report Card

All Beneficiaries, 1999

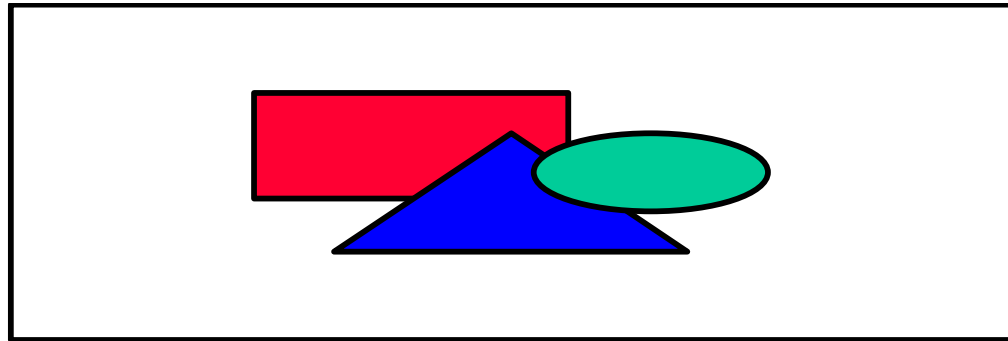
	Ease of Access		Communication and Customer Service				Ratings of Doctors, Health Plans and Health Care				Prevention
	Getting Needed Care	Getting Care Quickly	Courteous and Helpful Office Staff	How Well Doctors Communicate	Customer Service	Claims Processing	Health Plan Rating	Health Care Rating	PCM Rating	Specialist Rating	Preventive Care Standards
Benchmark											
CONUS											
Region 1											
NACC Groton											
Dover AFB											
Walter Reed AMC											
Andrews AFB											
NNMC Bethesda											
NH Patuxent River											
Ft. Meade											
Ft. Monmouth											
West Point											
NACC Newport											
Ft. Belvoir											
NMCL Annapolis											
Hanscom AFB											
NACC Portsmouth, NH											
McGuire AFB/Ft. Dix											
Ft. Drum											
NMCL Quantico											
Bolling AFB											
Out of Catchment Area											

## Sample Report Card for Preventive Care by Region

All Beneficiaries, 1999

	Mammography	Pap Smear	Hypertension	Flu Shot	Prenatal Care		1999	1998	Trend
Benchmark									
CONUS									
Region 1									
Region 2									
Region 3									
Region 4									
Region 5									
Region 6									
Region 7/8									
Region 9									
Region 10									
Region 11									
Region 12									
Alaska									
Europe									
Asia									
Latin America									

FIGURE H.1



**Consumer Reports  
Menu**

**All Beneficiaries**

[All TRICARE  
beneficiaries](#)

**Enrollment Groups**

[Prime  
Enrollees](#)  
[Enrollees  
with military  
PCM](#)  
[Enrollees  
with civilian  
PCM](#)  
[Non-enrolled  
beneficiaries](#)

**Beneficiary Groups**

[Active duty](#)  
[Active duty  
dependents](#)  
[Retirees and  
dependents](#)



**About this Site**

Through the Health Care Survey of DoD Beneficiaries, the Department of Defense asks its beneficiaries to report on the quality of their experience with the military health system (MHS). This site presents scores assigned by beneficiaries to their health care in that survey. Scores ranging from 0 to 100 are calculated from beneficiaries' responses in these categories:

- Ease of access
- Communication and customer service
- Ratings of doctors, health care and health plan
- Preventive care

The site is set up so that you can see scores for each enrollment and beneficiary group, for CONUS MHS (the MHS in the United States), by region, and by military treatment facility (MTF). Scores are compared to nationally recognized standards or benchmarks.

**Choose a report**

To see scores from a specific enrollment or beneficiary group, click on a report from the menu.

**Learn more from a report**

In the first page of a report, each column contains a composite score or rating from 1999. To see scores beneficiaries gave to individual aspects of care combined in a composite and to compare this year's score to last year's, click on a column heading. To see MTF scores, click on the region you are interested in.